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COMBINED DECLARATION FOR SELECT APPLICATION & POWER OF ATTORNEY				DOCKET NO: 50623.60						
As a below na	med inventor, I hereby	declare that:								
The information given herein is true;										
I BELIEVE I AI JOINT INVEN	THE ORIGINAL FIR	re listed below) OF THE S	OR (if only one name	name; e is listed below) OR AN ORIGINAL, FIRST AND WHICH IS CLAIMED AND FOR WHICH A PATENT						
Remote Activation Of An Implantable Device										
the specification	on of which (check only	one item below):								
	_									
l	<del></del>	ttached hereto;		•						
	_	s filed on as United State	es							
	, ,	olication Serial No.	/:E	anti-arkin)						
		was amended on								
		s filed on olication Serial No.	as FCT internat	iona						
	• •	I was amended under PC	T Article 10	(if annlicable)						
	and	was amended under FC	TAILIGE 19	(ii applicable).						
I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment referred to above.										
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Section 1.56(a).										
I hereby claim the benefit under Title 35, United States, §119(e) of any United States provisional application(s) listed below.										
(Application Serial No.) (Filing Date)										
	•	, ,	•	119 of any foreign application(s) for patent or inventor's other than the United States of America listed below and ate or any PCT international application(s) designating at re that of the application(s) on which priority is claimed.						
FOREIGN API PRIORITY OF	PLICATION(S), IF AN' WHICH WHERE PEF	Y, FILED WITHIN 12 (6 if RMITTED IS HEREBY CL	a Design) MONTH AIMED UNDER 35	S PRIOR TO THE FILING DATE OF THIS APPLICATION THE U.S.C. SEC. 119.						
COUNTRY	APPLICATION OF NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED						

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

	COMBINED DEC	LARATION F	AT	ATTORNEY'S DOCKET NO: 50623.60						
	U.S. APPLICATION NO.		U.S. FILING DATE		PATENTED		PENDING	ABANDONED		
	PCT APPLICATION NO. PCT FILING DATE			11.0 050	U.S. SERIAL NUMBERS					
1										
	POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or Agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.  Marc A. Sockol, Reg. No. 40,823; Daryl C. Josephson, Reg. No. 37,365; Cameron Kerrigan, Reg. No. 44,826; Victoria Nicholson, Reg. No. 47,823; Paul Meyer, Reg. No. 47,791; David A. Levine, Reg. No. P-48,821; Victor Repkin, Reg. No. 45,039; Aaron Wininger, Reg. No. 45,229; Paul Durdik, Reg. No. 37,819; Fariba Sirjani, Reg. No. 47,947; David B. Abel, Reg. No. 32,394; Nathan Lane, Reg. No. 43,738; Lori Howland, Reg. No. 42,671; David Koo, Reg. No. 46,839; David Rogers, Reg. No. 38,287; William Bachand, Reg. No. 34,980; Tim Kitchen, Reg. No. 41,900; Thomas A. Hassing, Reg. No. 36,159; Philip Yip, Reg. No. 37,265									
		end correspondence to Squire, Sanders & Dempse One Maritime Plaza, Suite 3 San Francisco, CA 94111		psey L.L.P. ite 300	L.L.P. Direct Phon		e Calls To: rrigan: 415 954-0323			
1	FULL NAME	LAST NAME		FIRST N	FIRST NAME		MIDDLE NAME			
	OF INVENTOR	Hossainy		Syed	AR EOREICH COUNTR	<del>,</del>	F.A. COUNTRY OF CITIZENSHIP			
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1	POST OFFICE	STREET		CITY	CITY		STATE OR	ZIP CODE		
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T.							California			
The state of	FULL NAME OF INVENTOR	LAST NAME		FIRST N	AME		MIDDLE NAME			
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	POST OFFICE ADDRESS			CITY			STATE OR COUNTRY	ZIP CODE		
3.4	FULL NAME OF INVENTOR			FIRST N	AME		MIDDLE NAME			
## I	RESIDENCE & CITY CITIZENSHIP				R FOREIGN COUNTR	Y	COUNTRY OF CITIZENSHIP			
	POST OFFICE ADDRESS	STREET		CITY			STATE OR COUNTRY	ZIP CODE		
4	FULL NAME OF INVENTOR	LAST NAME		FIRST NA	FIRST NAME		MIDDLE NAME			
	RESIDENCE & CITIZENSHIP			STATE C	R FOREIGN COUNTR	Y	COUNTRY OF CITIZENSHIP			
	POST OFFICE STREET ADDRESS		CITY			STATE OR COUNTRY	ZIP CODE			
	I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.									
1	Signature Of Inventor 1 A   Signature Of Inventor 2				Signature Of Inventor 3		Signature Of Inventor 4			
DATE 9/20/01 DATE DATE										